



# REGISTRATION APPLICATION FOR A RETAIL FOOD ESTABLISHMENT

State Form 49677 (R3/4-03)  
Indiana State Department Of Health  
Food Protection Program

## 410 IAC 7-20-427 PREREQUISITE FOR OPERATION

- (a) A person may not operate a retail food establishment without first having registered with the department as required under IC 16-42-1-6.
- (b) A retail food establishment registered with a local health department or other regulatory authority shall be considered registered with the department under IC 16-42-1-6.
- (c) To allow verification that the retail food establishment is constructed, equipped, and otherwise meets requirements of this rule, the regulatory authority shall be notified of an intent to operate at least thirty (30) days prior to registering under this rule.

Please complete all applicable sections of this form

<b>O W N E R</b>	Owner/Lessee Name:		Telephone Number:
	Mailing Address:		Fax Number:
	Email Address:		
	Leasor's Name (building owner):		Telephone Number:
	Mailing Address:		
	Email Address:		
<b>B U S I N E S S</b>	Name of Business:		Telephone Number:
	Physical Location:		Fax Number:
	Mailing Address:	Sewage Disposal: ____ City ____ Private	
	Operator:	Water Source: ____ City ____ Private; PWS #:	
	Mailing Address:	Telephone Number:	
	Name of Certified Food Handler:	Email Address:	
	On-Site Supervisor:	Telephone Number:	
	Hours of Operation:	Days of Operation:	
	Type of Business: ____ Permanent ____ Mobile ____ Temporary	Off-Site Catering: ____ Yes ____ No	
	Food to be Served:		
	<b>T E M P O R A R Y</b>	Name of Temporary Event:	
Event Location (i.e. Building or Physical Location):			
Event Contact:		Telephone Number:	
Date(s) and Hours(s) of Operation:		Food Prep and/or Storage Off-Site ____ Yes ____ No	
Location of Off-Site Prep and/or Storage Unit:			
Food to be Served:			

Return completed Form:

Indiana State Department of Health  
Food Protection Program, Room 5C  
2 North Meridian Street  
Indianapolis, IN 46204  
317/233-7360

\_\_\_\_\_  
(Original Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Signature of Applicant)

\_\_\_\_\_  
(Title)

For Office Use Only: Menu Type \_\_\_\_\_

Registration Number: \_\_\_\_\_

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